

CLAIMS ONLY

SERIAL NO. _____

FILING DATE _____

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4		3				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12		3				
13	/					
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50						
TOTAL IND.	12					
TOTAL DEP.	22	↔	↓	↔	↓	↔
TOTAL CLAIMS	34					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↔	↓		
TOTAL DEP.			↔	↓		
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS